

MINUTES
of the Second Meeting of the
Athletic Trainers Technical Review Committee

June 18, 2020
9:00 a.m. to 12:00 a.m.

(This meeting was a webex video conference)

Members on the call

Diane Jackson, APRN-FNP
Ed Discoe, MD
Jeffrey L. Howorth
Alice Kindschuh, RN, APRN
Ruth Lucas
Lisa Pfeil
Richard James Raska, DPM

Staff persons on the call

Matt Gelvin
Ron Briel
Marla Scheer

I. Call to Order, Roll Call, Approval of the Agenda

Diane Jackson called the meeting to order at 9:05 a.m. The roll was called; a quorum was present. Ms. Jackson welcomed all attendees. The agenda was posted and the meeting was advertised online at <http://dhhs.ne.gov/Licensure/Pages/Credentialing-Review.aspx>. The committee members unanimously approved the agenda for the second meeting and the minutes of the first meeting.

II. Questions About, and Discussion on, the Athletic Trainer Proposal

Applicant representative Rusty McKune commented on his group's most recent efforts at networking with those who have concerns about the proposal. He stated that the applicant group's goal is to update and modernize athletic trainer scope of practice. He indicated that most of these discussions revolved around concerns about terminology pertinent to patient care in the text of the proposal. He stated that the specific concerns raised pertained to such procedures and topics as grade five manipulation, dry needling, illnesses versus conditions, outpatient care, vulnerable patient populations, and what health care services would be delivered to these populations if the proposal were to pass.

Ruth Lucas asked Mr. McKune to clarify comments in the proposal about athletic trainer students pertinent to what services they can provide while undergoing training. Mr. McKune responded by stating that athletic trainer students need to learn how to perform procedures that are components of the licensed scope of practice of athletic training in order to be able to sit for the licensure examination when their training is complete. He added that while undergoing this training athletic trainer students are supervised by duly licensed athletic trainers to ensure that training occurs properly and that services are rendered competently and safely.

Dr. Raska asked the applicants what percentage of Nebraska's athletic trainers have a Masters' Degree. Mr. McKune responded that he did not have that information at the moment but that he would get that information to the committee members before the next meeting of the committee. Mr. McKune went on to say that, nationally, about seventy percent of athletic trainers have a

Masters' Degree.

Dr. Stauffer, DC, stated that chiropractic representatives discussed issues pertinent to portal of entry with athletic trainer representatives including oversight and referral provisions of the proposal. He went on to state that these aspects of the proposal need to be clarified for practice situations that would be occurring outside of the context of an athletic department or facility in which non-athletes are being treated.

Dr. Stauffer stated that the applicant group needs to clarify who would be grandfathered if their proposal were to pass. He asked whether non-Masters' Degree trainers would be grandfathered to allow them to provide the same kinds of services that a Masters' Degree athletic trainer would be licensed to provide. He added that answers to these kinds of questions are important for determining if the proposal would provide for safe and effective services to the general public.

Jeff Howorth asked the applicants if there is a PhD level of education and training available in their profession. Rusty McKune responded in the affirmative. Mr. Howorth asked the applicants if the judgement of a PhD level athletic trainer should be taken more seriously than non-PhD level athletic trainers when treating a patient's injuries. Mr. McKune replied by stating that he would not be in favor of such deference and that just because a trainer might have superior academic credentials does not necessarily mean that this person's judgement vis-à-vis a particular patient's condition is necessarily superior to a trainer who only has a Masters' Degree.

Dr. Stauffer asked the applicants whether or not the applicants intend to perform grade five manipulations. Mr. McKune replied that it is not the intent of the applicant group to allow athletic trainers to perform this procedure.

Dr. Raska asked the applicants why their proposal treats non-Masters' level practitioners differently than Masters' level practitioners. Mr. McKune responded by stating that the goal of the applicant group is for all practitioners to be credentialed at a Masters level. Mr. McKune added that forty-nine states require a Masters' Degree to become licensed as an athletic trainer. Only Nebraska does not yet require this. One of the goals of the applicant group is to make this a requirement in Nebraska, as well.

Lisa Pfeil asked the applicants if they might consider changing the name of their profession. Mr. McKune responded that in the past this has been discussed but that no action in that direction has as yet been taken. Lisa Pfeil then asked Mr. McKune why the applicants want to expand their scope so as to overlap with the services of such professions as Occupational Therapy or Physical Therapy, for example. Mr. McKune replied that the expanded scope being proposed would enhance patients' freedom of choice by providing another option for them to consider.

Janell Meis, OT, expressed concerns about some of the terminology in the proposal that creates confusion as to what kinds of conditions athletic trainers can treat.

Dr. Discoe asked the applicants how guidelines would be established for their practice and how these would be implemented and enforced as regards the treatment of non-athletes. Mr. McKune replied that the Board of Athletic Trainers would play a role in developing such guidelines. Then each athletic trainer and a physician would work out the details of how these guidelines would be applied to their specific practice.

Dr. Discoe then asked if something goes wrong vis-à-vis the care being provided to a particular patient who is held liable for a bad outcome. Mr. McKune responded by stating that athletic trainers work under guidelines established for them, not under the supervision of another health provider. Dr. Cody Moffat with NMA clarified that guidelines and oversight vary from one practice context to another, and that the nature of guidelines or oversight are much different in an collegiate or professional sports context than in an outpatient context, for example. Mr. McKune added that the Board of Athletic Trainers which acts under the Uniform Credentialing Act has input into the guideline formulation and implementation process.

Grace Knott, PT, commented that the wording of the proposed scope is too broad and would allow athletic trainers to provide services beyond their competency. She added that other professions such as occupational therapy and physical therapy are already providing many of the services identified in the applicants' proposal as being added to athletic trainer scope of practice. She went on to state that there is no clear public need for many of the proposed additions to athletic trainer scope of practice. Mr. McKune responded that the members of the public should have access to alternative health care choices, and this proposal offers them another choice of provider.

Dr. Discoe asked the applicants how the public would be protected from a "rogue" athletic trainer who decided to practice beyond his scope of practice. Mr. McKune responded by stating that, as with all licensed professions, there is a disciplinary process in place under the auspices of the Department of Health and Human Services to deal with practitioners who violate the statutory limitations of their licensed scope of practice.

Grace Knott, PT, asked the applicants if they are heading in the direction of Board certification and a PhD level of clinical practice. Mr. McKune responded in the affirmative to this question. Dr. Raska asked the applicants if the proposal would create defacto independence for athletic trainers. He went on to state that he would like to see more clarification regarding how the guidelines or oversight would work in specific practice situations. Mr. McKune stated that he would provide information on this at the next meeting.

An occupational therapist asked the applicants if athletic trainers receive training in how to provide outpatient care. A physical therapist asked the applicants if athletic trainers receive clinical rotation training. Mr. McKune stated that he would provide information on this at the next meeting.

Lisa Pfeil asked the applicants to clarify what, if any, changes have been made by the applicant group to their original proposal in response to the various criticism made by representatives of other professions. Mr. McKune replied that no changes have been made so far, and then asked Program staff if the applicant group is obligated to make changes or amendments to their proposal in response to such criticisms. A Program staff person responded that the applicant group is not obligated to make changes in their proposal in response to such criticisms, and that this proposal, like all such proposals, belongs to the respective applicant group. They, and only they, control the contents of their proposal. No one can make an applicant group amend their proposal against their will.

At this juncture Mr. McKune asked the members of the technical review committee to weigh-in on the question of whether the proposal needs to be amended. Chairperson Jackson stated that she would ask the committee members to do so by utilizing the six statutory criteria as a means of finding out if any of the committee members thought there was a need to amend the proposal. Ms. Jackson began this procedure by reading criterion one and then asked for comments from the committee members pertinent to whether or not any amendments were needed in the proposal vis-à-vis this criterion. Hearing none Ms. Jackson followed the same procedure vis-à-vis each of the following five criteria.

To summarize, the remainder of this procedure in no case did any of the committee members indicate that there was a need to amend the proposal.

III. Public Comments

One member of the public commented that even though the credentialing review committee did not indicate a need for making changes in the proposal it would be very unwise for the applicant group to ignore the advice of other health professions in this regard, especially 'down-the-road' whenever a legislative bill embodying this proposal might be under consideration by the legislature.

IV. Other Business and Adjournment

There was discussion on future meetings. The committee members concluded that they were not ready for a public hearing. There was a consensus that more discussion is needed before a public hearing can be held. There being no further business, the committee members unanimously agreed to adjourn the meeting at 11:37 a.m.